

COUNTY OF SUFFOLK



DEPARTMENT OF HEALTH SERVICES **CARBON MONOXIDE ALARM FACT SHEET AND** **CERTIFICATE OF INSTALLATION**

On June 16, 1999, the Board of Health adopted new standards to the Suffolk County Sanitary Code for carbon monoxide (CO) alarms. Effective October 1, 1999, CO alarms are required in all new one-family dwellings, two-family dwellings and multiple dwellings.

Carbon monoxide alarms installed to satisfy this code must be certified by a nationally recognized testing laboratory to conform to Underwriters Laboratories Standard UL 2034. The alarms must also be equipped with a digital readout of CO concentration and a button to indicate the maximum CO concentration since the feature was last reset.

Carbon monoxide alarms in new residential construction must be directly connected to the lighting circuit with no intervening wall switch. Line cord connected, direct plug-in and battery-powered alarms are not acceptable. Carbon monoxide alarms are required on each level of one-family, two-family and multiple dwellings on which sleeping quarters are located. *Installation of CO alarms for new construction shall be certified by an Electrical Inspection Agency or Municipal Official duly authorized or approved by the municipality having jurisdiction over the building construction. Submission of a completed Certificate of Installation (found on the back of this instruction sheet) is required as proof of compliance. The original certificate must be submitted to the SCDHS before final approval to occupy the dwelling will be issued.*

Each alarm shall be mounted in accordance with the manufacturer's instructions. Alarms shall be mounted in all locations as required by Suffolk County Department of Health Services, **Carbon Monoxide Alarm Standards**.

Carbon monoxide alarms are not mandated for existing one and two family homes, but they are strongly recommended if the home has an attached garage or any type of fuel burning appliances. For more information, call the Office of Pollution Control at (631) 854-2540. For a fact sheet on CO poisoning, call the SCDHS CO Hotline at (631) 853-2911.

THE ORIGINAL SIGNED COPY OF THIS FORM must be completed by an Electrical Inspection Agency or in-house Electrical Inspector approved by the town or village of jurisdiction to perform electrical compliance inspections. This Original Certificate must be submitted to the SCDHS before final approval to occupy the dwelling will be issued.

**SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
OFFICE OF WASTEWATER MANAGEMENT
360 YAPHANK AVENUE, SUITE 2C
YAPHANK, NY 11980**

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF CARBON MONOXIDE ALARM INSTALLATION

<i>Electrical Inspection Agency / Town Electrical Inspector</i>	
Business Name & Address:	Name of Inspector:
	Telephone:

TO BE COMPLETED BY OWNER / AUTHORIZED AGENT

Health Department Reference Number:

Tax Map Number:	District	Section	Block(s)	Lot(s)
-----------------	----------	---------	----------	--------

Dwelling Location Address:

Owner/Agent Printed Name:

Owner/Agent Signature & Date:

INSPECTOR TO COMPLETE THE FOLLOWING SECTION FOR DWELLINGS WITH ALARMS

No. of Alarms installed:	Rough in Pass (Date/Init.):	Final Pass (Date/Init.):
--------------------------	-----------------------------	--------------------------

I CERTIFY THAT ALL OF THE FOLLOWING ARE TRUE:

- Carbon Monoxide Alarms have been installed on each level where sleeping quarters are located, **AND**
- All alarms have been installed in accordance with Article 10 of the Suffolk County Sanitary Code and the Carbon Monoxide Alarm Standards, including:
 - ❖ All alarms are UL2034 listed (Latest Edition), have a digital display, have a reset button, and have a feature to display the maximum carbon monoxide concentration recorded since the feature was last reset, **AND**
 - ❖ All alarms have been directly connected to the lighting circuit with no intervening switches, **AND**
 - ❖ All alarms have been tested and found to be operational, **AND**
 - ❖ I am employed by an agency that is currently approved to perform electrical inspections in the Town/Village having jurisdiction.
- If this certificate is for a MULTIPLE DWELLING, Carbon Monoxide Alarms have been installed:
 - ❖ In all sleeping rooms served by a centralized system supplying air for cooling, heating, or ventilation, **AND**
 - ❖ In each sleeping room containing a fuel fired appliance, **AND**
 - ❖ In all dwelling units and sleeping units sharing a common wall with, or located directly above or below, a room containing a centralized fuel-fired appliance, **AND**
 - ❖ In a corridor serving dwelling units or sleeping areas within forty (40) feet of all doors to those units and the corridor also serves a room containing a fuel-fired appliance.

(Signature of Inspector)

(Date)

(Printed Name)

(License Number)

False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law

INSPECTOR TO COMPLETE THE FOLLOWING SECTION FOR EXEMPT DWELLINGS

I CERTIFY THAT THIS DWELLING IS EXEMPT FROM THE REQUIREMENT TO INSTALL CARBON MONOXIDE ALARMS BECAUSE ALL OF THE FOLLOWING ARE TRUE:

- There are no fuel burning appliances installed, **AND**
- There are no garages attached to the dwelling, **AND**
- The dwelling uses an electrical heating system.

(Signature of Inspector)

(Date)

(Printed Name)

(License Number)

False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law

THE ORIGINAL SIGNED COPY OF THIS FORM MUST BE SUBMITTED TO THE SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES IN ORDER TO RECEIVE FINAL APPROVAL